

**Please mail or deliver to:**  
Insurance Fraud Investigation Branch  
PO Box 3614  
Honolulu, Hawaii 96811-3614

**FRAUD TYPE:**      ☐ Vehicle Theft      ☐ Vehicle Arson      ☐ Vehicle Property Damage      ☐ Personal Injury Protection  
☐ Bodily Injury      ☐ Staged Accident      ☐ Other \_\_\_\_\_

**Complainant Name:** \_\_\_\_\_  
(A company or person such as an Insurance Company, Self-Insured, Third Party Adjuster, Law Enforcement Agency, Witness, Informant, etc.)

**Claim Number:** \_\_\_\_\_ **Date of Loss/Injury:** \_\_\_\_\_ **Location of Loss/Injury:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (ZIP Code)

**Contact Person / File Handler:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

	ACTUAL LOSS AMOUNT	POTENTIAL LOSS AMOUNT
(Please check appropriate boxes)		
<input type="checkbox"/> COLLISION	_____	_____
<input type="checkbox"/> COMPREHENSIVE	_____	_____
<input type="checkbox"/> PROPERTY DAMAGE LIABILITY	_____	_____
<input type="checkbox"/> PERSONAL INJURY PROTECTION	_____	_____
<input type="checkbox"/> UNINSURED MOTORIST	_____	_____
<input type="checkbox"/> BODILY INJURY LIABILITY	_____	_____
<input type="checkbox"/> OTHER _____	_____	_____

**Incident / Claim Reported to Other Agency:** (Please check appropriate boxes.)  
☐ Other Law Enforcement Agency (Name) \_\_\_\_\_  
☐ NICB      ☐ Index System      ☐ Other \_\_\_\_\_

☐ YES    ☐ NO    ☐ N/A    Has this claim been settled wit the SUSPECT?  
If YES, when was the claim settled? \_\_\_\_\_ Amount of settlement? \_\_\_\_\_

☐ YES    ☐ NO    Has the SUSPECT been notified of this case referral?  
☐ YES    ☐ NO    Has the SUSPECT been made aware of the initiation of a fraud investigation by your company?  
☐ **ATTACHMENT(s)** (Attach items documenting the suspected fraudulent activity.)

**Print Name:** \_\_\_\_\_ **Position or Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTICE:** PLEASE PROVIDE PROMPT NOTIFICATION TO THIS OFFICE OF ANY SUBSEQUENT ACTION TAKEN ON THIS CASE SUCH AS SETTLEMENT OF THE CLAIM, DENIAL OF THE CLAIM, OR NOTICE TO SUSPECT OF FRAUD INVESTIGATION OF THIS CASE REFERRAL.

**A. POLICYHOLDER**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy / Claim Number: \_\_\_\_\_

Date of Loss / Injury: \_\_\_\_\_ Location of Loss / Injury: \_\_\_\_\_

aka's \_\_\_\_\_

dba's \_\_\_\_\_

**B. SUSPECT**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_

aka's \_\_\_\_\_

dba's \_\_\_\_\_

**C. OTHER PARTIES INVOLVED IN THE LOSS**

Relationship of Party to the Loss: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_

aka's \_\_\_\_\_

dba's \_\_\_\_\_

**D. ADDITIONAL PARTIES INVOLVED IN LOSS**

Relationship of Party to the Loss: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_

aka's \_\_\_\_\_

dba's \_\_\_\_\_

**E. ADDITIONAL PARTIES INVOLVED IN LOSS**

Relationship of Party to the Loss: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_

aka's \_\_\_\_\_

dba's \_\_\_\_\_

**Brief Summary of Suspected Fraudulent Claim**

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